

U.S. DISTRICT COURT
EASTERN DISTRICT-WI
FILED

COMPLAINT

(for filers who are prisoners without lawyers)

2020 SEP 18 P 2:05

CLERK OF COURT

UNITED STATES DISTRICT COURT EASTERN DISTRICT OF WISCONSIN

(Full name of plaintiff(s))

DUSAN DRAGISICH

v.

Case Number:

20-C-1465

(Full name of defendant(s))

(to be supplied by Clerk of Court)

RACINE COUNTY JAIL, MEND COOP/ LOCAL CARE
MILWAUKEE SECURE DETENTION FACILITY, WISC DOC (DCC),
MILWAUKEE COUNTY HOUSE OF CORRECTION,
AURUMOR CORRECTIONS/ CARE

A. PARTIES

- Plaintiff is a citizen of WISCONSIN, and is located at
(State)

RACINE, COUNTY JAIL 717 WISCONSIN AVE RACINE, WI 53403
(Address of prison or jail)

(If more than one plaintiff is filing, use another piece of paper.)

- Defendant RACINE COUNTY JAIL
(Name)
is (if a person or private corporation) a citizen of WISCONSIN

3. Defendant MEND Correctional care

3 worked for: RACINE County JAIL

4. Milwaukee Secure Detention Facility
MILW, WI

5. State of Wisc Dept of Corrections (DCS)
MADISON, WI

6. Milwaukee County House of Correction
FRANKLIN, WI

7. AURUMOR Correctional care
FLORIDA

and (if a person) resides at 717 WISCONSIN AVE RAVINE, WI 53403
(State, if known)
(Address, if known)

and (if the defendant harmed you while doing the defendant's job)

worked for _____
(Employer's name and address, if known)

(If you need to list more defendants, use another piece of paper.)

B. STATEMENT OF CLAIM

On the space provided on the following pages, tell:

1. Who violated your rights;
2. What each defendant did;
3. When they did it;
4. Where it happened; and
5. Why they did it, if you know.

YOUR HONOR THIS IS ONE CONTINUOUS
CLAIM THE SAME INJURIES BUT THE LOCATION
OF INCARCERATION CHANGES OVER A
PERIOD OF TIME WITH THE SAME
VIOLATIONS COMMITTED OVER AND
OVER AGAIN! THE STATE DOC
DEFENDANT THROUGHOUT!

I will NEED to SUPPLEMENT THE
COMPLAINT WHEN MY FILE THAT'S IN ATTORNEY
CASES POSITION IS FILED. OBTAINED

STATEMENT OF CLAIM 1-4

11-25-20 I WAS RELEASED FROM THE MILWAUKEE SECURE DETENTION FACILITY I HAVE BEEN SENTENCED TO 18 MONTHS I HAD A BROKEN CERVICAL SPINE AND DIDNT RECEIVE THE SPECIALISTS PRESCRIBED TREATMENT RECOMMENDATIONS HE WHO DIRECTED TREATMENT BEFORE AND DURING INCARCERATION THE STATE HAS A DUTY TO CARE BUT THEY BREACHED THAT DUTY! I WAS RELEASED WITH A NOTE FROM THE DOCTOR THAT I SHOULD REPORT TO MY SPECIALIST, SURGER ASAP! I WAS RELEASED HOMELESS! THE STATE DCC (DOC) KEPT ME AND MY WIFE SEPARATED WITH A NO CONTACT ORDER! 6-15-20 I'M DETAINED, ARRESTED IN RACINE COUNTY. I CHOSE TO REMAIN SILENT AND I WAS PUT ON SUICIDE WATCH AND MY PRESCRIPTION BIFOCAL GLASSES WERE TAKEN AWAY. I MADE EVERYONE AWARE OF MY CERVICAL SPINE CONDITION, DISABIL.FP! 7-21-20 DUE TO MENTAL HEALTH, PHYSICAL HEALTH DEFLATION, PSYCHOLOGICAL HARM AND WITHDRAWAL PAIN DUE TO THE DELIBERATE INDIFFERENCE OF MEND CORRECTIONAL CARE, THE DOC, STATE OF WISCONSIN, RACINE COUNTY JAIL, THE PSYCHIATRIST INFORMED ME THAT I WILL NOT BE TREATED LIKE OTHER PRE-TRIP DEFENDANTS ON PRETEND RELEASE THAT THE TREATMENTS I WAS ALREADY PRESCRIBED PRIOR TO AND AT MSDF AND PRIOR TO THIS DETENTION WILL BE DISCONTINUED, DUE TO THE POLICYS, PRACTICES, CUSTOMS, OF THE JAIL, MEND AND THE (DOC) STATE OF WISCONSIN. THAT IN THE FUTURE, WHEN I'M SENTENCED TO PRISON, THE TREATMENTS WILL RESUME, THAT THE STATE WILL TAKE CARE OF ME! MEND CORRECTIONAL CARE WILL NOT! DUE TO THE REFUSAL OF THE JAIL TO RETURN MY GLASSES I BEGGED THE PSYCHIATRIST FOR HELP AND SHE FACILITATED THE RETURN ON 7-21-20! I HAD EXPLAINED TO HER THAT I WAS BLIND THAT I WAS FORCED TO (TRY) ASK OTHERS FOR HELP. PEOPLE, STAFF WHO TRICKED, ABUSED, STOLE FROM ME DUE TO THE PUNISHMENT OF THE TORTFEASORS. THE BREACH OF THEIR DUTY TO CARE! I WAS FORCED TO MAKE SIGNED STATEMENTS, GO TO COURT, AND DEFEND MYSELF LEGALLY, SIGN LEGAL FORMS THAT I COULDNT READ. THE JAIL HAS TURNED A BLIND EYE!

Statement of Claim 2-4

AS A RESULT OF THE DEPARTMENT OF COMMUNITY CORRECTIONS REVOCATION PROCESS BREACHED THEIR DUTY TO CARE. THEY INTENTIONALLY WRONGFULLY GAINED ACCESS TO ALL MY PROTECTED HEALTH INFORMATION, WRONGFUL ENTRY INTO A WITNESS PROPERTY AND CONVERSION! DEFAMATORY FALSE CLAIMS AND SLANDER! ON 7-7-20 DUE TO AN ABDOMINAL BLOCKAGE I WAS LAUGHED AT AND HUMILIATED BY OUR OFFICERS AND THE RACINE JAIL POLICY, PROCEDURE, CUSTOMS, FORCED TO SUFFER HUMILIATION IN FRONT OF THE WHOLE DORM BY PUBLICLY SHARING MY PERSONAL HEALTH CARE, AND MEDICAL EMERGENCY OVER THE PUBLIC ANNOUNCEMENT SYSTEM AND THROUGH THE FOOD TRAP ON THE DOOR! TWO OFFICERS CALLED IN A MEDICAL EMERGENCY INTO THE HEALTH SERVICES UNIT, AND DIRECTLY TO THE NURSE, BUT NO ONE SHOWED UP FOR 5 HOURS AFTER SEVEN CALLS MADE AND NO RESPONSE THE OFFICERS TOLD ME THAT THERE'S NOTHING MORE THEY CAN DO. THE FAILURE CONTINUED FOR DAYS! THEY QUIT THIS WORKING BRANCHES, COMPLAINTS

I HAVE AN OBJECTFULLY SERIOUS MEDICAL NEED A LIFELONG HANDICAP THE DOCTOR WANTS TO PUT A STEEL PLATE IN MY NECK AND FUSE IT. I HAVE BEEN LOCKED UP SINCE 2017 WHEN THE INJURY TOOK PLACE AND I'M IN DANGER OF LIFELONG DEGENERATION OF NERVES AND I HAVE EXTREME NERVE PAIN! A LIFELONG HANDICAP! IT'S GETTING WORSE AGAIN! THE JAIL HERE STOPPED MY PAIN MEDICATION ON 6-13-20 AS WELL AS ONE OF MY ANXIETY MEDICATIONS. IT'S BEEN OVER 3 YEARS AND I STILL HAVE NOT BEEN ABLE TO HAVE MY SURGERY! I'M CLAIMING AN 8TH AMENDMENT VIOLATION OF CRUEL AND UNUSUAL TREATMENT! DELIBERATE INDIFFERENCE!

Statement of Chrtm 3-4

AND I CLAIM VIOLATIONS OF MY DUE PROCESS RIGHTS UNDER THE 14TH, 8TH, 5TH AMENDMENTS

THE RIGHT TO CONTINUATION OF DENTAL THERAPY

THE RIGHT TO TREATMENTS THAT I WAS RECEIVING AT THE TIME OF INCARCERATION AND PSYCHOLOGICAL TRAUMA!

VIOLATIONS OF PECIAL CONDITIONS OF CONFINEMENT

WISCONSIN ADMINISTRATIVE CODE 349. MUNICIPAL LOCKUP

349.08 SANITATION AND HYGIENE (YA) SOAP AND TOWELS UPON REQUEST

.09 HEALTH SCREENING

.17 HEALTH CARE

.19 MEDICATION

BAIL HAS BEEN SET AT A VERY OPPRESSIVE LEVEL

WISCONSIN ADMINISTRATIVE CODE

350.09 POLICIES AND PROCEDURES

.10 RECORDS (I WROTE FOR A LEGAL HORN) (NO ANSWER)

.12 SANITATION AND HYGIENE (NO SOAP (NOT ENOUGH TOILET PAPER))

.13 HEALTH SERVICES

.14 ADEQUATE HEALTH CARE (INADEQUATE)

.15 HEALTH CARE POLICY

.26 RELIGION POLICY (NOT BEING ANSWERED)

.27 LEGAL ACCESS (NONE) 9-5-20 TOOK TABLETS

.32 RELIGIOUS PROGRAMMING (NONE)

REFUSAL TO PROVIDE ESSENTIAL CARE

SUPERIOR LIABILITY (CODE OF SILENCE)

Statement of Claim 4-4
AND THESE ADDITIONAL VIOLATIONS

I ADEQUATE medical, Mental Health treatment

1. IGNORING OBVIOUS CONDITIONS
2. FAILING TO PROVIDE TREATMENT FOR DIAGNOSED CONDITIONS
3. FAILING TO INVESTIGATE ENOUGH TO MAKE AN INFORMED JUDGMENT
4. DELAYING TREATMENT
5. INTERFERING WITH ACCESS TO TREATMENT
6. MAKING MEDICAL DECISIONS BASED ON NON MEDICAL FACTORS
(BUDGETARY RESTRICTIONS)
7. MAKING A MEDICAL JUDGMENT SO BAD IT FALLS BELOW PROFESSIONAL MEDICAL STANDARDS

Govern mental, willful, Biased Discretionsion!

RACINE COUNTY ACTING ON BEHALF OF WISCONSIN

1. Bail that IS USED AS A FORM OF OPPRESSION
2. UNREASONABLE, DESCENDING, BIASED OWI BAC LEVEL .02 INCLUDED IN BACKGROUND C.CAP
There are 3 DIFFERENT BAC LEVELS APPLIED to 3 DIFFERENT GROUPS OF HUMAN BEINGS,
APPLICATIONS .02, .04, .08
Lowest applied to a PERSON WITH AN ADDICTION AND WITH THE HIGHEST DISCRIMINATION TO PEOPLE WHO HAVEN'T BEEN CAUGHT YET
HIGHLY DISCRIMINATORY!

C. JURISDICTION



I am suing for a violation of federal law under 28 U.S.C. § 1331.

OR



I am suing under state law. The state citizenship of the plaintiff(s) is (are) different from the state citizenship of every defendant, and the amount of money at stake in this case (not counting interest and costs) is \$_____.

D. RELIEF WANTED

Describe what you want the Court to do if you win your lawsuit. Examples may include an award of money or an order telling defendants to do something or to stop doing something.

Nominal, Punitive, Exemplary
Compensatory, Nominal, Consequential,
Detimental, Actual Damages
Incapacitated, Consequential Damages
Obligatory, Permissive Waste,
Defamatory Damage, Disability

ANY AND ALL DAMAGES APPLICABLE!
WHATEVER THE COURT FINDS FAIR AND PLEASE
ANY AND ALL APPLICABLE MONEY AND
DEclaratory DAMAGES, INJUNCTIONS APPLICABLE!
THE SYSTEM IS BROKEN! IT'S ALL ABOUT
MONEY FOR THE DEFENDANTS SO PLEASE!
MAKE THEM PAY DAMAGES, I AM NOT FERM!

E. JURY DEMAND

I want a jury to hear my case.

- YES

- NO

AT THIS POINT

I declare under penalty of perjury that the foregoing is true and correct.

Complaint signed this 13th day of September 2020.

Respectfully Submitted,

Dusan Dragicev

Signature of Plaintiff

DOC 124181, RACINE JAIL #12941

Plaintiff's Prisoner ID Number

RACINE CO JAIL 717 WISCONSIN AVE

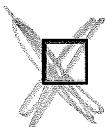
RACINE, WI

(Mailing Address of Plaintiff)

53403

(If more than one plaintiff, use another piece of paper.)

REQUEST TO PROCEED IN DISTRICT COURT WITHOUT PREPAYING THE FULL FILING FEE



I DO request that I be allowed to file this complaint without paying the filing fee. I have completed a Request to Proceed in District Court without Prepaying the Full Filing Fee form and have attached it to the complaint.



I DO NOT request that I be allowed to file this complaint without prepaying the filing fee under 28 U.S.C. § 1915, and I have included the full filing fee with this complaint.